

Unit Referral Tracking Form

Please print clearly and complete a separate Unit Referral Tracking Form for each unit shown to an applicant.
(See attached instructions for completing the form)

Region Information

Region I

SCLHSA

Region IV & V

CAHSD

FPHSA

JPHSA

Housing Support

Team Member Name: _____
Last First

Unit Information

Please circle the number of units shown
to the applicant including this unit:

1

2

3

Date Unit Shown:

Other: Reasonable Accommodation

Check all that apply:

Inside Unit

Outside Unit

Owner Name:

Last

First

Property Name:

Unit Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

of Bedrooms:

Applicant Information

(To be completed by applicant)

Applicant Name:

Last

First

Please select one:

Accept Unit

Refuse Unit

Applicant's Reason for Refusal (Please Select One):

Neighborhood Characteristics

Inconvenient Location

Building Interior

Accessibility

Building Exterior

Applicant Signature

Applicant Signature

Date